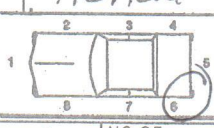
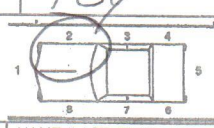


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE		LOCAL FILE NO.																																					
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED		2		CRASH SEVERITY (CHECK MOST SEVERE)		<input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS		<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED																																	
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH		12/10/14		DAY		WED		TIME - MILITARY		01400																															
CRASH OCCURRED ON		UPS store		WITHIN THE INTERSECTION OF																																											
IF NOT IN INTERSECTION		N W S E OF		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)												CITY CODE																															
LOG-1		LOG-2		LOC		JUR		FH9		FILT																																					
A		UNIT NO.		1		NO OF OCCUPANTS		1		OPERATING		<input checked="" type="checkbox"/>		PARKED		<input type="checkbox"/>		DRIVERLESS		<input type="checkbox"/>		HIT & RUN		<input type="checkbox"/>		NON CONTACT		INSURANCE CO OR AGENT		Liberty Mutual																	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)		Hartman, Scott		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		2276 Triple Creek		Lebanon OH																																							
PHONE NO.		513-748-7304		BIRTH DATE		2/1/73		AGE		41		SEX		M		SOCIAL SECURITY NO.				STATE		OH		DRIVER'S LICENSE NO.		RM403823		OCCUPATION																			
OWNER (IF SAME AS DRIVER, WRITE SAME)		Same		ADDRESS																										PHONE																	
VEH YR		08		MAKE		Honda		MODEL		+k		COLOR		silver		STYLE				STATE		OH		LICENSE PLATE NO.		DZC8964		TOWING SERVICE				VEH/PED DIR															
CIRCLE DAMAGE AREAS				9 TOP		10 UNDER CAR		11 LOAD		12 TRAILER		DAMAGE SEVERITY		<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE		<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE																					
8		UNIT NO.		2		NO OF OCCUPANTS		1		OPERATING		<input checked="" type="checkbox"/>		PARKED		<input type="checkbox"/>		DRIVERLESS		<input type="checkbox"/>		HIT & RUN		<input type="checkbox"/>		NON CONTACT		INSURANCE CO OR AGENT		Liberty Ins.																	
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)		LeZotte, Anthony		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		3073 Old 122		Waynesville OH																																							
PHONE NO.		513-504-7758		BIRTH DATE		7/12/95		AGE		19		SEX		M		SOCIAL SECURITY NO.				STATE		OH		DRIVER'S LICENSE NO.		TX009392		OCCUPATION																			
OWNER (IF SAME AS DRIVER, WRITE SAME)		Paul Lezotte		ADDRESS		Same																										PHONE															
VEH YR		04		MAKE		Toy		MODEL		45		COLOR		McGoon		STYLE		45		STATE		OH		LICENSE PLATE NO.		234 YPU		TOWING SERVICE				VEH/PED DIR															
CIRCLE DAMAGE AREAS				9 TOP		10 UNDER CAR		11 LOAD		12 TRAILER		DAMAGE SEVERITY		<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE		<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE																					
C		FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE				AGE				SEX				POSITION		A		B		C		D		E		F		INJURIES		A		B		C		D		E		F	
D.		FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE				AGE				SEX				P-PEDESTRIAN		RESTRAINTS		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		ALCOHOL		A		B		C		D		E		F		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED							
E.		FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE				AGE				SEX				P-PEDESTRIAN		RESTRAINTS		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN		ALCOHOL		A		B		C		D		E		F		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN							
F.		FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE				AGE				SEX				P-PEDESTRIAN		RESTRAINTS		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN		ALCOHOL		A		B		C		D		E		F		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN							
A		B		C		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
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D		E		F		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
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D		E		F		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By				A		B		C		D		E		F		A		B																					